

Date Rec'd _____
Disposal Date _____

**Notice of Termination
For Reasons of
Adulteration or Misappropriation of Controlled Substances**

Reporting Employer:	
Address	
Phone/Fax	
Contact Person	

Name of Terminated Employee:		
Address		
SS# or DOB		
Type of License		Idaho License No:
Date of Termination		
Reason for Termination		
Description of Controlled Substance adulteration or misappropriation of controlled substances involved in the termination. Include: name of drug, date and time of occurrence, etc.		

In order to file a disciplinary complaint, contact the appropriate licensing board. The filing of this notice does not constitute the filing of a disciplinary complaint.

This Notice of Termination is filed and subject to disclosure pursuant to Section 37-117A, Idaho Code, and will be maintained for fifteen (15) years from the date of receipt by the professional licensing board.

If further information reveals this report was made in error, the reporting entity is responsible for submitting a retraction to the appropriate Board.

Complete the above information and return to the appropriate agency:

- Board of Dentistry – 708 ½ Franklin, Boise, ID 83702 Fax: 208/334-3247 msheeley@isbd.idaho.gov
- Board of Medicine – PO Box 83720, Boise, ID 83720-0058 Fax: 208/327-7005 info@bom.state.id.us
- Board of Nursing – PO Box 83720, Boise, ID 83720/0061 Fax: 208/334/3262 lcoley@ibn.idaho.gov
- Board of Pharmacy – PO Box 83720, Boise, ID 83720-0067 Fax: 208/334-3536 jan.adkinson@bop.idaho.gov
- Bureau of Occupational Licensing (Nursing Home Administrators, Optometry, Podiatry, Residential Care Facility Administrators) – 1109 Main St, Suite 220, Boise, ID – 83702 Fax: 208/334-3945 rjacobsen@ibol.idaho.gov